

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective December 8, 2004

09/773194

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| TOTAL CLAIMS                     |              |                          |  |
|----------------------------------|--------------|--------------------------|--|
| FOR                              | NUMBER FILED | NUMBER EXTRA             |  |
| TOTAL CHARGEABLE CLAIMS          | minus 20 =   |                          |  |
| INDEPENDENT CLAIMS               | minus 3 =    |                          |  |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |  |

\* If the difference in column 1 is less than zero, enter "0" in column 2

10/7/05 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  |                                  |       |                                    |                          |
| Total  | 33                               | Minus | 33                                 | =                        |
| Independent                                    | 5                                | Minus | 5                                  | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

SMALL ENTITY TYPE OTHER THAN  
OR SMALL ENTITY

| RATE      | FEES | RATE         | FEES |
|-----------|------|--------------|------|
| BASIC FEE |      | OR BASIC FEE | -    |
| X\$ 25=   |      | OR X\$50=    |      |
| X100=     |      | OR X200=     | -    |
| +180=     |      | OR +360=     |      |
| TOTAL     |      | OR TOTAL     |      |

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

| RATE            | ADDITIONAL FEE | RATE               | ADDITIONAL FEE |
|-----------------|----------------|--------------------|----------------|
| X\$ 25=         |                | OR X\$50=          |                |
| X100=           |                | OR X200=           |                |
| +180=           |                | OR +360=           |                |
| TOTAL ADDT. FEE |                | OR TOTAL ADDT. FEE |                |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  |                                  |       |                                    |                          |
| Total  | 33                               | Minus | 33                                 | =                        |
| Independent                                    | 5                                | Minus | 5                                  | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

| RATE            | ADDITIONAL FEE | RATE               | ADDITIONAL FEE |
|-----------------|----------------|--------------------|----------------|
| X\$ 25=         |                | OR X\$50=          |                |
| X100=           |                | OR X200=           |                |
| +180=           |                | OR +360=           |                |
| TOTAL ADDT. FEE |                | OR TOTAL ADDT. FEE |                |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  |                                  |       |                                    |                          |
| Total  |                                  | Minus | =                                  | =                        |
| Independent                                    |                                  | Minus | =                                  | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

| RATE    | ADDITIONAL FEE | RATE      | ADDITIONAL FEE |
|---------|----------------|-----------|----------------|
| X\$ 25= |                | OR X\$50= |                |
| X100=   |                | OR X200=  |                |
| +180=   |                | OR +360=  |                |